Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	rthe 2	OTZ Cal		ning 12-01-2012 ,2012, and e	lamg II 50 201				
		plicable	C Name of organization AMERICAN FARM BUREAU FEDER	RATION			D Emplo	yer ide	ntification number
	ress cha		Doing Business As				36-07	72516	0
_	ne chan	_							
_	al returi		Number and street (or P O box i 600 MARYLAND AVE SW NO 1000	If mail is not delivered to street addres	s) Room/suite		E Telepho	one num	nber
_	mınated 			L TID 4			(202)	406-3	3600
	ended re		City or town, state or country, ar WASHINGTON, DC 20024	nd ZIP + 4					
j App	lication	pending	F No		T				\$ 30,690,839
			F Name and address of p JULIE ANNA POTTS	orincipal officer	H(a	Is thı) affılıa	s a group tes?	returr	n for □ Yes 🔽 No
			600 MARYLAND AVE SW WASHINGTON, DC 2002						
			W/W/3/11/101/01/, DC 2002	- 1	H(b				ıded?
I Tax	exemړ.	pt status	「501(c)(3) ▼ 501(c)(5)	◀ (insert no)	527				
J W	ebsite:	: ► WW	/W FB O RG		H(c) Grou	p exempt	ion nu	mber ►
K Forn	n of ora	anization	Corporation Trust Associa	ation Other ►	<u> </u>	Year of for	mation 19	20 M	State of legal domicile IL
	rt I		mary	ation y other r		rear or ro	madon 15		ocace of legal dofficile. In
	1 R	Rriafly d	escribe the organization's mis	sion or most significant activiti					
Governance	<u>A</u> - -	GRICU	LTURAL COMMUNITIES	HE LIVES OF RURAL AMERICA					
		THECK E	is box F ₁ if the organization	alscontinued its operations of	ansposed or mor	e chan z	5 70 01 165		
Activities &				erning body (Part VI, line 1a) .				3	34
IM				rs of the governing body (Part V			•	5	33
ACI				ın calendar year 2012 (Part V, ıf necessary)				6	92
			•	n Part VIII, column (C), line 12				7a	0
				e from Form 990-T, line 34				7b	0
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							r Year		Current Year
<u> </u>	8			, line 1h)			308,4		Current Year 73,500
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Revenue	9 10	Progra Invest	am service revenue (Part VIII tment income (Part VIII, colu	, line 2g)			308,4 25,017, 1,028,	308 523	Current Year 73,500 24,261,876 584,598
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Firm's address \blacktriangleright 10 S RIVERSIDE PLAZA 9TH FLOOR

CHICAGO, IL 60606 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Preparer

Use Only

Phone no (312) 207-1040

Forn	n 990 (2012)				Page							
Pai		ent of Program Service A Schedule O contains a response	Accomplishments to any question in this Part III .									
1	Briefly describe	the organization's mission										
ENH			CULTURE WORKING THROUGH OU L AMERICANS AND TO BUILD STI									
2			rogram services during the year which		✓ Yes │ No							
	If "Yes," describ	e these new services on Schedu	ıle O									
3		tion cease conducting, or make	significant changes in how it conduction.	ts, any program	┌ Yes ┌ No							
	If "Yes," describ	If "Yes," describe these changes on Schedule O										
4	expenses Section		complishments for each of its three land anizations are required to report the program service reported									
	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	FARM BUREAU NEV	NS PROVIDES FARMERS CURRENT IN	FORMATION CONCERNING LEGISLATIVE AND	MARKETING MATTERS	· 							
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)							
	AMERICAN FARM E	BUREAU FEDERATION PROMOTES AND	ADVOCATES FOR ECONOMIC, SOCIAL AND E	DUCATIONAL INTERESTS OF ITS MEM	1BERS							
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	ORGANIZATION AC AGRICULTURE	QUIRED AN LLC DEDICATED TO THE PI	RODUCTION OF REGIONAL FARM SHOWS AN	D THE PUBLICATION OF TWO MAGAZI	NES PROMOTING							

) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

including grants of \$

4d

(Expenses \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pell	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 196		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
12	Enter the number of voting members of the governing body at the end of the tax		Yes	No
Iu	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	NI-
			1 63	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	NO
	Did the organization have local chapters, branches, or affiliates?	10a 10b		NO
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b L1a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
b l1a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b L1a b L2a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes	
b L1a b L2a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b l1a b l2a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b l1a b l2a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b l1a b l2a b c l3 l4 l5	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b.11a b.12a c 1.3 1.4 1.5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b l1a b l2a c l3 l4 l5 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	Position (do not check nore than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1035-M13C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	ne l both	box, an d	heck unless officer stee)	i	Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (V	/ -			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) 0	rganizati relate organiza	ed	
												_			
												_			
1b	Sub-Total				<u>. </u>			 							
C	Total from continuation sheet	s to Part VII, S	ection A	٠.		•		F							
d	Total (add lines 1b and 1c) .							-		4,002,881		0		1,533,372	
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan				
3	Did the organization list any f o	ormer officer, dir	ector o	r trus	tee.	kev	emplo	vee.	. or highes	t compen	sated employee		Yes	No	
_	on line 1a? If "Yes," complete S					•		•		• •		3	Yes		
4	For any individual listed on line organization and related organ individual											4	Yes		
5	Did any person listed on line 1	a receive or acc	rue cor	npen	satı	on fr	om anv	unr	related ord	anızatıon	or individual for	-	162		
	services rendered to the organ											5		No	
	oction P. Indonosidart Co	ntractors													
1	ection B. Independent Co Complete this table for your five		ensated	d ınde	eper	dent	t contr	acto	rs that rec	eived mo	re than \$100,000	O of			
	compensation from the organiz	ation Report co									thin the organizat				
		(A) ame and business									(B) scription of services		(C Comper	sation	
	VELL & MORNING LLP 1001 PENNSYLVA STREET NETWORK INC 110 WALL STR			ON DC	2000)4					EGAL SERVICES			605,538	
	IN LOVELLS US LLP 555 THIRTEENTH ST			1							WARE DEVELOPMENT EGAL SERVICES	\dashv		533,223 239,108	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \triangleright 3

		Check ii Schedi	ule O contains a respor	ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
g g	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
٦	С	Fundraising eve	ents 1c					
iffs ar 4	d	Related organiz	zations 1d					
., E	e	Government grants	s (contributions) 1e					
is is	f		ons, gifts, grants, and 1f	73,500	ł			
buti The		sımılar amounts no						
	g	1a-1f \$	ons included in lines					
and Cont	h	Total. Add lines	s 1 a - 1 f	· · · · •	73,500			
a)				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUE	S	900099	24,245,876	24,245,876		
æ	ь	SPONSORSHIP REV	/ENUE	900099	16,000	16,000		
ACe	С							
Ser.	d							
Ē	e							
<u> </u>	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		24,261,876			
	3		ome (including dividendar amounts)		933,018			933,01
	4		stment of tax-exempt bond					
	5	Royalties		🕨	1,918			1,91
			(ı) Real	(II) Personal				
	6a	Gross rents	645,362					
	Ь	Less rental expenses	0					
	С	Rental income or (loss)	645,362					
	d	Net rental inco	me or (loss)		645,362			645,36
	_	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	4,699,521					
	ь	Less cost or other basis and	5,047,589	352				
	_	sales expenses Gaın or (loss)	-348,068	-352				
	c d		[-348,420			-348,420
Other Kevenue	8a	Gross income f events (not inc \$	luding s reported on line 1c)					
her F	ь	Less direct ex	a penses b					
5	С	Net income or ((loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		75,644				
	ь	less costofa	oods sold b	104,802				
	c		(loss) from sales of inve	·	-29,158	-29,158		
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d		ue					
	e	Total. Add lines	s 11a-11d	▶				
	12	Total revenue.	See Instructions	▶	25,538,096	24,232,718	0	1,231,87

Part TX Statement of Functional Expenses

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u></u> .	<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	340,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,603,436			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,387,607			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	2,761,143			
0	Payroll taxes	597,066			
1	Fees for services (non-employees)				
а	Management				
b	Legal	963,986			
C	Accounting	75,105			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	492,851			
2	Advertising and promotion	123,692			
3	Office expenses	187,393			
1	Information technology				
5	Royalties				
5	Occupancy	3,326,850			
7	Travel	3,069,269			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	733,967			
3	Insurance	130,236			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROGRAMS	1,253,072			
b	DUES AND SUBSCRIPTIONS	634,596			
c	FARM BUREAU NETWORK	504,673			
d	TELEPHONE	117,900			
e	All other expenses	-567,244			
5	Total functional expenses. Add lines 1 through 24e	25,735,598			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	rt X	Check if Schedule O contains a response to any question in this Part	: X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		8,603,652	1	7,169,726
	2	Savings and temporary cash investments		2,757,111	2	270,935
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		273,092	4	348,304
	5	Loans and other receivables from current and former officers, director employees, and highest compensated employees. Complete Part II Schedule L	of		5	
ts	6	Loans and other receivables from other disqualified persons (as defi 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri and sponsoring organizations of section 501(c)(9) voluntary employ organizations (see instructions) Complete Part II of Schedule L	buting employers		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		410,960		600,701
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,435,103			
	ь	Less accumulated depreciation	5,985,354	4,913,720	10c	4,449,749
	11	Investments—publicly traded securities		20,209,400	11	20,056,776
	12	Investments—other securities See Part IV, line 11	14,293,527	12	31,743,110	
	13	Investments—program-related See Part IV, line 11		, ,	13	<u>, , , </u>
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,253,626	15	4,204,980
	16	Total assets. Add lines 1 through 15 (must equal line 34)		53,715,088	16	68,844,281
	17	Accounts payable and accrued expenses		2,245,822	17	2,891,282
	18	Grants payable		_,,,,	18	
	19	Deferred revenue		49,350	19	68,450
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilities	22	Loans and other payables to current and former officers, directors, ti key employees, highest compensated employees, and disqualified			21	
졅		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .		0	23	7,714,286
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X o				
		D		3,319,991	25	3,196,997
	26	Total liabilities. Add lines 17 through 25		5,615,163	26	13,871,015
s e o		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and lines 27 through 29, and lines 33 and 34.	d complete			
<u>8</u>	27	Unrestricted net assets		48,099,925	27	54,973,266
<u>а</u>	28	Temporarily restricted net assets			28	
걸	29	Permanently restricted net assets			29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► complete lines 30 through 34.	and and			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ř	33	Total net assets or fund balances		48,099,925	33	54,973,266
_	34	Total liabilities and net assets/fund balances		53,715,088	34	68,844,281

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,5	538,096
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,7	735,598
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	197,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48,0	99,925
5	Net unrealized gains (losses) on investments	5		1,9	96,419
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,0	74,424
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	LO		54,9	973,266
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	te			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b		

Software ID: **Software Version:**

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir ndent Contra	ectors	,Tru	uste	ees,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BOB STALLMAN PRESIDENT	40 00 5 00	х		х				541,937	0	300,516
BARRY BUSHUE VICE PRESIDENT	2 00 0 00	х		х				32,713	0	0
RONALD ANDERSON DIRECTOR	2 00 0 00	х						13,200	0	0
STEVE BACCUS DIRECTOR	2 00 0 00	х						16,650	0	0
A RICHARD BONNANO DIRECTOR	2 00 0 00	х						3,750	0	0
JAMES HANK COMBS DIRECTOR	2 00 0 00	х						7,800	0	0
GLEN COPE DIRECTOR	2 00 0 00	х						16,450	0	0
KENNETH DIERSCHKE DIRECTOR	2 00 0 00	х						19,650	0	0
ZIPPY DUVALL DIRECTOR	2 00 0 00	х						10,950	0	0
TERRY GILBERT DIRECTOR	2 00 0 00	х						17,400	0	0
MARK HANEY DIRECTOR	2 00 0 00	х						16,950	0	0
ROBERT HANSON DIRECTOR	2 00 0 00	х						7,950	0	0
CRAIG HILL DIRECTOR	2 00 0 00	х						7,050	0	0
JOHN HOBLICK DIRECTOR	2 00 0 00	х						13,350	0	0
ZACH HUNNICUTT DIRECTOR	2 00 0 00	х						1,700	0	0
BLAKE HURST DIRECTOR	2 00 0 00	х						12,450	0	0
RANDY KNIGHT DIRECTOR	2 00	х						13,050	0	0
PAT LANGENFELDER DIRECTOR	2 00	х						10,950	0	0
PERRY LIVINGSTON DIRECTOR	2 00 0 00	х						14,400	0	0
PHILIP NELSON DIRECTOR	2 00 0 00	х						16,050	0	0
JERRY NEWBY DIRECTOR	2 00 0 00	х						11,100	0	0
RICHARD NIEUWENHUIS DIRECTOR	2 00 0 00	х						8,400	0	0
DEAN NORTON DIRECTOR	2 00 0 00	х						9,600	0	0
KEVIN PAPP DIRECTOR	2 00 0 00	х						10,050	0	0
JIMMY PARNELL DIRECTOR	2 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a from the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours organizations ettutional 쮼 Indual for employee related organızatıons trustee below l Trustee dotted line) 2 00 WAYNE PRYOR Χ 15,450 0 0 DIRECTOR 0 00 2 00 CARL SHAFFER 0 Х 9,450 0 DIRECTOR 0 00 2 00 DON SHAWCROFT 0 0 Х 10,950 DIRECTOR 0 00 2 00 MIKE SPRADLING Х 16,200 0 0 **DIRECTOR** 0 00 2 00 LACY UPCHURCH 0 0 Х 16,350 DIRECTOR 0 00 2 00 SCOTT VANDERWAL 0 0 Х 12,000 DIRECTOR 0 00 2 00 RANDY VEACH 0 0 Х 13,500 DIRECTOR 0 00 2 00 DON VILLWOCK 27,450 0 0 Х DIRECTOR 0 00 2 00 PAUL WENGER 8,850 0 0 Х **DIRECTOR** 0 00 2 00 MICHAEL WHITE 0 12,000 0 X **DIRECTOR** 0.00 2 00 DAVID WINKLES Χ 14,250 0 0 DIRECTOR 0 00 2 00 WAYNE WOOD 0 16,050 0 DIRECTOR 0 00 2 00 LARRY WOOTEN 0 0 Х 15,750 DIRECTOR 0 00 40 00 **ELLEN STEEN** Χ 249,106 0 87,733 GEN COUNSEL & SEC 5 00 40 00 JULIE ANNA POTTS Χ 347,524 0 145,231 **FXT VP & TREASURER** 5 00 40 00 CHRISTINA LILIA 194,501 0 Х 74.381 EXECUTIVE DIRECTOR, ACCTG & ADMIN 5 00 40 00 MARK MASLYN 0 Χ 248,700 100,819 EXECUTIVE DIRECTOR, PUBLIC POLICY (2/1/13) 0 00 40 00 DALE MOORE Χ 208,653 0 71,540 EXECUTIVE DIRECTOR, PUBLIC POLICY 5 00 40 00 MARGARET WOLFF Χ 171,225 0 93,111 EXECUTIVE DIRECTOR, ORGANIZATION 5 00 40 00 0 Χ 181,334 77,871 EXECUTIVE DIRECTOR, PUBLIC RELATIONS (10/31/12) 0 00 40 00 MARION THORNTON Х 155,106 0 88,786 EXECUTIVE DIRECTOR, COMMUNICATIONS 5.00 40 00 DANIEL DURHEIM Х 151,697 0 91,545 EXECUTIVE DIRECTOR, INDUSTRY AFFAIRS 5 00 40 00 ROBERT E YOUNG 245,430 0 Х 105,677 CHIEF ECONOMIST 0 00 40 00 MARY KAY THATCHER 177,256 Х 0 74,603 SR DIRECTOR, CONGRESSIONAL RELATIONS 0 00 40 00 DAVID C FRANCIS 173,397 0 83,542 DIRECTOR, INFO TECHNOLOGY 0 00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list	more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			related organizations
PAUL SCHLEGEL DIRECTOR, ENVIRONMENT & ENERGY POLICY	40 00 0 00					х		168,228	0	63,628
MARY PAT WEYBACK DEPUTY GENERAL COUNSEL	40 00 0 00					х		166,728	0	70,789
RICHARD NEWPHER EVP & TREASURER (FORMER)	0 00 0 00						х	142,196	0	3,600

DLN: 93493288016684

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN FARM BUREAU FEDERATION 36-0725160 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Identifier

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			r age e
For a	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(z	1)	(1	b)
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
Ь	If "Yes," enter the amount of any tax incurred under section 4912		L		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c))(5), o	r sect	ion
			_	Ye	
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1 Y ∈	_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."	`No" C)(5), o)R (b) I	r sect Part I	ion II-A,
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
	art IV Supplemental Information				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Schedule C (Form 990 or 990EZ) 2012

Explanation

DLN: 93493288016684

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public

	tment of the Treasury al Revenue Service		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or : m 990. ► See separate instructions.	l2b	Open to Public Inspection
	me of the organi ERICAN FARM BURE				r identification number
Pa		izations Maintaining Donor Adv zation answered "Yes" to Form 990		36-0725 unds or <i>A</i>	
	- · 		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number a	t end of year			
2	Aggregate cont	tributions to (during year)			
3	Aggregate grar	nts from (during year)			
4	Aggregate valu	ie at end of year			
5		zation inform all donors and donor adviso organization's property, subject to the or		or advised	┌ Yes ┌ No
6	used only for c	zation inform all grantees, donors, and d haritable purposes and not for the benef ermissible private benefit?			rpose Yes N o
Pa	rt III Conse	rvation Easements. Complete If	the organization answered "Yes" t	o Form 99	0, Part IV, line 7.
2	Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education) Preservation of ar Preservation of a	certified his	
		,		H	leld at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acc ure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of cont the tax year 🛌	servation easements modified, transferr	red, released, extinguished, or terminate	ed by the or	ganızatıon durıng
4	Number of stat	tes where property subject to conservat	on easement is located ►		
5		nization have a written policy regarding t f the conservation easements it holds?		dling of viol	ations, and Yes N o
6	Staff and volun	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents durin	g the year
7	A mount of exp	enses incurred in monitoring, inspecting	g, and enforcing conservation easement	s during the	year
8		nservation easement reported on line 2(of) (1) (1) (1) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	d) above satisfy the requirements of sec	tion 170(h:)(4)(B)(I)
9	balance sheet,	escribe how the organization reports coi and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia		
ar		izations Maintaining Collection ete if the organization answered "Y		or Other	Similar Assets.
1a	If the organization	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reve its held for public exhibition, education,	or research	ın furtherance of publıc
b	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets inc	luded in Form 990, Part X			<u></u> -
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		or financial	gain, provide the
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	111 Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>stori</u>	<u>cal Tı</u>	<u>easures</u>	<u>, or Ot</u>	<u>:her</u>	Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, c	heck	any of	the followin	ig that a	re a s	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exchang	ge progra	ams			
b	Scholarly research		e	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın ho	w the	y furthe	er the orgai	nization'	sexe	empt purpose i	n	
5	During the year, did the organization solicit o	or receive donations	sofa	rt, hıs	torıcal	treasures	or other	sımı			
	assets to be sold to raise funds rather than t								<u>.</u>	Yes	│ No
Par	Part IV, line 9, or reported an an						swered	l "Ye	s" to Form 9	90, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	y for c	ontribu	ıtıons or ot	her asse	ets no	ot J	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	able		_				
							_		Am	ount	
с	Beginning balance						 	1c			
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 217	?					ſ	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete								IV, line 10.	(=)F=	anna ha alı
1a	Beginning of year balance	(a)Current year	(D)Prior	year	b (c) I wo ye	ears back	(a)11	niee years back	(e)rour y	ears back
ь	Contributions										
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g	, colum	ın (a)) held	as		•		
а	Board designated or guasi-endowment 🕨										
ь	Permanent endowment -										
c	Temporarily restricted endowment ►										
_	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are hel	d and admı	nıstered	for t	he	Yes	No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(i	_	<u> </u>
	If "Yes" to 3a(II), are the related organization	•						•	3b	<u> </u>	<u> </u>
4 Par	Describe in Part XIII the intended uses of the triangle to the triangle triangle to the triangle triang					10					
Fell	Description of property	inc. See roini 93	70, F	_	, IIIIC .) Cost or		Cost or ot	her	(c) Accumulated	(d) Bo	ook value
				bas	is (inves	tment) ba	asıs (otheı	r)	depreciation		
1a	Land		•							 	
b	Buildings		•							\bot	
С	Leasehold improvements						5,448,	201	2,711,52	5	2,736,676
	Equipment		•				764,	-	638,78	_	125,339
	Other		•			12())	4,222,		2,635,04		1,587,734
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colu	umn (B), line	10(c).) .					4,449,749

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests	9,226,224		F
(3)Other (A) FARM BUREAU BANCORP SUBORDINATED DEBT			
NOTE	1,000,000		F
	, ,		
(B) FB BANCORP COMMON STOCK	4,516,886		F
(0) 1111 (5071451) 111 115 110	17.000.000		_
(C) INVESTMENT IN IDEAG	17,000,000		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	31,743,110		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		l of valuation
		Cost or end-of-	year market value
Total. (Column (b) must equal Form 990. Part X col (B) line 13.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	0.15		
(a) Description			(b) Book value
(1) ACCRUED INTEREST ON INVESTMENTS			141,054
(2) PREPAID PENSION BENEFIT COST			4,063,926
T. 1. 1 (0 / (1) 1 15 200 D. 1 V 1 (0) / 15	,		4 204 000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			4,204,980
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED RENT EXPENSE	1,915,895		
DEFERRED LEASE INCENTIVE	1,281,102		
	Į.		
l I			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,196,997		

	,		
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,734,420
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	9	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	7	
e	Add lines 2a through 2d	2e	2,260,776
3	Subtract line 2e from line 1	3	25,473,644
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 64,45.	2	
c	Add lines 4a and 4b	4c	64,45
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,538,096
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	sper	Return
1	Total expenses and losses per audited financial statements	1	24,955,441
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	29,51:
3	Subtract line 2e from line 1	3	24,925,93
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	5	
c	Add lines 4a and 4b	4c	809,66!
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,735,597

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FEDERATION AND RECOGNIZE A TAX LIABILITY IF THE FEDERATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FEDERATION, AND HAS CONDUCTED THAT AS OF NOVEMBER 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE FEDERATION WOULD IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES 264,357
PART XI, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT INCOME FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 4,462 CONTRIBUTIONS FROM AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 73,500 SPONSORSHIP REVENUE NETTED AGAINST EXPENSES 16,000 LOSS ON SALE OF INVENTORY - NETTED AGAINST EXPENSES -29,158 LOSS ON SALE OF PROPERTY AND EQUIPMENT -352
PART XII, LINE 2D - OTHER ADJUSTMENTS		SALE OF INVENTORY - NETTED AGAINST EXPENSES 29,159 LOSS ON SALE OF PROPERTY AND EQUIPMENT 352
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES OF AFBF LEGAL ADVOCACY - SINGLE MEMBER LLC 793,665 SPONSORSHIP REVENUE NETTED AGAINST EXPENSES 16,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493288016684

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Employer identification number

Name of the organization						Employer identificati	on number
AMERICAN FARM BUREAU FEDERA	TION					36-0725160	
Part I General Information	n on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as	sıstance?					▼ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
						_	
2 Enter total number of section 50							6
3 Enter total number of other orga	inizations listed in th	ne line 1 table			<u> </u>	· · · •	10

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation						
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS THE CONTRIBUTIONS APPROVED BY THE BOARD MEET THE MISSION OF THE ORGANIZATION SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF AGRICULTURAL PROGRAMS, THE RECIPIENTS ARE NOT REQUIRED TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS						

Software ID:

Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3 DOG CONSULTING LTD 104 HUME AVENUE ALEXANDRIA,VA 22301	68-0542647		18,500				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
ANIMAL AGRICULTURE ALLIANCE2101 WILSON BLVD SUITE 916B ARLINGTON,VA 22201	54-1384916	501(C)(3)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR AGRICULTURAL SCIENCE & TECHNOLOGY4420 W LINCOLN WAY AMES,IA 50014	23-7186154	501(C)(3)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
EDISON ELECTRIC INSTITUTE701 PENNSYLVANIA AV NW WASHINGTON, DC 20004	13-0659550	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM FOUNDATION1301 W 22ND ST SUITE 615 OAKBROOK,IL 60523	36-2270048	501(C)(3)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
GRAY & OSCAR LLC6354 ALDERMAN DR ALEXANDRIA,VA 22315	54-2014614		5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINOR CROP FARMERS ALLIANCE1901 PENNSYLVANIA AVE NW WASHINGTON,DC 20006	54-1608554	501(C)(6)	7,500				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NATIONAL COUNCIL OF FARMERS COOPERATIVES 50 F ST NW SUITE 900 WASHINGTON, DC 20001	53-0115150	501(C)(6)	20,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ENDANGERED SPECIES ACT REFORM COALITION1050 THOMAS JEFFERSON ST NW 6TH FL WASHINGTON, DC 20007	52-1763800	501(C)(6)	5,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
NATIONAL 4-H CONGRESS FOUNDATIONPO BOX 367 ALPHARETTA, GA 30009	45-2572008	501(C)(3)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FFA FOUNDATIONPO BOX 68960 INDIANAPOLIS,IN 46268	54-6044662	501(C)(3)	45,500				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
THE FERTILIZER INSTITUTE425 THIRD ST SUITE 950 WASHINGTON, DC 20024	53-0225257	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US FARMERS & RANCHERS ALLIANCE16020 SWINGLEY RIDGE RD CHESTERFIELD, MO 63017	27-3754267	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
UNITED STATES MEAT EXPORT FEDERATION1050 17TH ST SUITE 2200 DENVER,CO 80265	52-1067268	501(C)(6)	8,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US CHAMBER OF COMMERCE1615 H STREET NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	10,000				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS
AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE600 MARYLAND AVENUE SW WASHINGTON, DC 20024	36-6169577	501(C)(3)	160,500				GENERAL SUPPORT OF AGRICULTURAL PROGRAMS

DLN: 93493288016684

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Compensation Information

Open to Public Inspection

Name of the organization AMERICAN FARM BUREAU FEDERATION **Employer identification number**

36-0725160

Pa	Part I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regard				
	First-class or charter travel Housing allowance or residence for	or personal use			
	▼ Travel for companions	rsonal residence			
	Tax idemnification and gross-up payments Health or social club dues or initi	ation fees			
	Discretionary spending account Personal services (e.g., maid, cha	auffeur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If "No," complete Part III		Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		V		
	uncetors, trustees, and the eloyexcedive birector, regarding the items effected in line 14.	2	Yes		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for method used by a related organization to establish compensation of the CEO/Executive Director, but o	hods			
	▼ Compensation committee				
	✓ Independent compensation consultant ✓ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compen	sation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization	o the filing organization			
а	a Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each iten	n ın Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrude compensation contingent on the revenues of	e any			
а	a The organization?	5a			
b	b Any related organization?	5b			
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrude compensation contingent on the net earnings of	e any			
а	a The organization?	6a			
b	b Any related organization?	6b			
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any repayments not described in lines 5 and 6? If "Yes," describe in Part III	non-fixed 7			
8	, , , , , , , , , , , , , , , , , , , ,				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If	f "Yes," describe			
	ın Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure descrisection 53 $4958-6(c)$?	ibed in Regulations 9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

990 Schedule J, Supplemental Information

ldentifier	Return Reference	Explanation
	PART I, LINE 1A	

Software ID: Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

rorm 990, Schedule J, I	<u>Part 1</u>	<u> 1 - Officers, Direc</u>	tors, Trustees, Ke	y Employees, and	A Highest Compens	Jateu Employees		
(A) Name	1	(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ
BOB STALLMAN	(I) (II)) 0	Ö	60,064	281,231 0	19,285 0	842,453	, 0
ELLEN STEEN	(I) (II)		7,168	17,787	84,491 0	3,242 0	336,839	0
JULIE ANNA POTTS	(I) (II)		9,498	57,022	118,595 0	26,636 0	492,755	0 0
CHRISTINA LILJA	(I) (II)		5,472	7,901	66,052	8,329 0	268,882	0
MARK MASLYN	(I) (II)		7,227	24,770	84,868 0	15,951 0	349,519	0
DALE MOORE	(I) (II)		6,154	17,568	70,114 0	1,426 0	280,193	0 0
MARGARET WOLFF	(I) (II)		5,414	17,367	62,156 0	30,955 0	264,336 0	5 0
DONALD LIPTON	(I) (II)		0	24,044	63,620	14,251 0	. 259,205 0	0
MARION THORNTON	(I) (II)		4,991	4,004	57,006 0	31,780 0	243,892	0 0
DANIEL DURHEIM	(I) (II)		4,720	1,900	56,958 0	34,587 0	243,242	0
ROBERT E YOUNG	(I) (II)		7,492	21,303	84,367 0	21,310 0	351,107	0 0
MARY KAY THATCHER	(I) (II)) 0	5,162	24,056	61,431	13,172 0	2 251,859 0 0	0 0
DAVID C FRANCIS	(I) (II)		5,044	4,946	61,632	21,910 0	256,939	0
PAUL SCHLEGEL	(I) (II)		4,878	1	1	5,450 0	231,856	0 0
MARY PAT WEYBACK	(I) (II)) 0	4,867		I	12,664 0	237,517	0 0
RICHARD NEWPHER	(I) (II)		0	142,196	I	3,600	145,796	0 0

DLN: 93493288016684

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
AMERICAN FARM BUREAU FEDERATION

Employer identification number

36-0725160

	36-0725160								
Identifier	Return Reference	Explanation							
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	ORGANIZATION ACQUIRED AN LLC DEDICATED TO THE PRODUCTION OF REGIONAL FARM SHOWS AND THE PUBLICATION OF TWO MAGAZINES PROMOTING AGRICULTURE							
	FORM 990, PART VI, SECTION A, LINE 6	AFBF MEMBERS ARE THE STATE FARM BUREAUS AND PRESIDENTS OF THOSE STATE FARM BUREAU'S SIT O N AFBF BOARD OF DIRECTORS THIRTY-ONE OF THE BOARD MEMBERS OF AFBF ARE STATE FARM BUREAU P RESIDENTS THE BOARD POSITIONS ARE DETERMINED BASED ON THE FOLLOWING INTERPRETATION OF SEC TION 4, ARTICLE VIII OF THE AFBF BY LAWS TOTAL MEMBERSHIP - BOARD POSITIONS UNDER 200,001 - 4 200,001 - 600,000 - 5 600,001 - 1,000,000 - 6 1,000,001 - 1,400,000 - 7 1,400,001 - 1, 800,000 - 8 1,800,001 - 2,200,000 - 9 2,200,001 - 2,600,000 - 10 2,600,001 - 3,000,000 - 1 1 3,000,000 - 1 1 3,000,001 - 3,400,000 - 12 3,400,001 - 3,800,000 - 13 3,800,001 - 4,200,000 - 14 THE BOA RD POSITIONS ARE DETERMINED BY THE 4 REGIONS NORTHEAST MIDWEST WEST SOUTH IN ADDITION TO THE 4 REGIONS AND MEMBERSHIP DETERMINING THE NUMBER OF BOARD POSITIONS FOR EACH OF THE REG IONS - THE AFBF WOMEN'S COMMITTEE CHAIRMAN AND AFBF YF&R'S COMMITTEE CHAIRMAN ALSO HAVE A SEAT ON THE AFBF'S BOARD OF DIRECTORS							
	FORM 990, PART VI, SECTION A, LINE 7A	SEE RESPONSE TO PART VI, SECTION A, QUESTION 6							
	FORM 990, PART VI, SECTION B, LINE 11	GOVERNING BODY REVIEW OF THE FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT C PA FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETE D FORM 990 AND PROVIDES A FULL COPY TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION THE EX ECUTIVE COMMITTEE MEETS WITH MANAGEMENT TO REVIEW THE FORM 990							
	FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRESCURSOR TO THEIR SERVICE TO THE ORGANIZATION POTENTIAL CONF LICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD							
	FORM 990, PART VI, SECTION B, LINE 15	AMERICAN FARM BUREAU FEDERATION (AFBF) MAINTAINS A GRADE STRUCTURE AND PAY FOR PERFORMANCE SYSTEM TO ADMINISTER COMPENSATION DECISIONS AND ENSURE THAT EMPLOYEES ARE PAID ACCORDING TO FAIR, EQUITABLE AND UNIFORM PRINCIPLES THIS PROGRAM HAS BEEN ADOPTED BY THE ORGANIZATI ON'S BOARD OF DIRECTORS EACH YEAR, AFBF REVIEWS ITS GRADE STRUCTURE TO DETERMINE IF THE R ANGES NEED TO BE ADJUSTED BASED ON FACTORS SUCH AS COST OF LIVING AND CHANGES IN THE INDUS TRY AFBF WILL OFTEN CONSULT WITH A THIRD PARTY TO REVIEW THE GRADE STRUCTURE AND CONDUCT A REVIEW OF MARKET DATA THE GRADE RANGES MAY BE SHIFTED IN ACCORDANCE WITH MARKET OR SURV EY DATA AFBF CONDUCTS PERFORMANCE REVIEWS ANNUALLY THROUGH AN ONLINE SYSTEM UTILIZING A S TANDARD TEMPLATE APPROVED BY THE AFBF MANAGEMENT TEAM AND EXECUTIVE VICE PRESIDENT THE TE MPLATE HAS PERFORMANCE CATEGORIES WITH SEVERAL COMPETENCIES UTILIZED TO ASSESS PERFORMANCE CATEGORIES WITH SEVERAL COMPETENCIES UTILIZED TO ASSESS PERFORMANCE IN EACH AREA SUPERVISORS COMPLETE THE REVIEWS, AND THE OVERALL PERFORMANCE RATING FOR EA CH EMPLOY EE DETERMINES THEIR ANNUAL SALARY INCREASE HUMAN RESOURCES REVIEWS EACH COMPLETE D PERFORMANCE REVIEW DOCUMENT THE PERCENTAGE SALARY INCREASE FOR VARIOUS PERFORMANCE RATIN NG AVERAGES IS SUBJECT TO THE APPROVAL OF THE EXECUTIVE VICE PRESIDENT AND THE OVERALL BUD GET APPROVED BY THE AFBF BOARD OF DIRECTORS EMPLOYEES ARE NOTIFIED OF ANY INCREASE IN PAY AFIER THE OCTOBER BOARD MEETING THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUT WE COMMITTEE OF THE ORGANIZATION AND IS REPORTED TO THE BOARD OF DIRECTORS DURING THE BUD GET PROCESS							
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS - FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST							
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY IN NET INCOME (LOSS) OF SUBSIDIARIES 238,130 PENSION RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST 4,836,294							

DLN: 93493288016684

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2012

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN FARM BUREAU FEDERATION

(a) Name, address, and EIN (if applicable) of disregarded entity (1) AFBF LEGAL ADVOCACY PROGRAM LLC 600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 65-1294705	(b) Primary activity AFBF LEGAL ADVOCACY PROGRAM, LLC A SINGLE	(c) Legal domicile (state or foreign country) DE	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 65-1294705		DE					
(3) IDEAC CROUPILIC	MEMBER LLC		77,962	3,658,167	AMERICAN FARM BUREAU FEDERATION		
(2) IDEAG GROUP LLC 600 MARYLAND AVE SW SUITE 1000 WASHINGTON, DC 20024 36-4767427	PRODUCTION OF REGIONAL FARM SHOWS	DE			AMERICAN FARM BUREAU FEDERATION		
Part II Identification of Related Tax-Exempt Orga		he organization ar	swered "Yes"	to Form 990, Pa	 art IV, line 34 because it l	nad on	ie
or more related tax-exempt organizations durin			1				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity s (if section 501(d		Sectio (b)(contr	n 512 (13) olled
						Yes	No
(1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE 600 MARYLAND AVE SW STE 1000	ACCUMULATES & DISTRIB FUNDS FOR MATERIALS, PROGRAM DEV GRANTS AND EDUCATION	S IL	501(C)(3)	LINE 11A, I	AMERICAN FARM BUREAU FEDERATION	Yes	
WASHINGTON, DC 20024 36-6169577			_				

(a) Name, address, and related organiza	l EIN of tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predon Income(unrela exclude tax u section	ninant related, ated, ed from inder	(f) Share o total inco	(g) f Share of me end-of-year assets			(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner? 1			
					51	4)			Yes	No		Yes	No		
															_
Part IV Identification of Relate	d Organizations Taxable	as a Corno	ration	or Trust	(Comple	oto if	ho ora:	anization an	cworo	d "Vo	s" to Form	990	Dart	· T\/	
line 34 because it had one	or more related organization	ns treated a			r trust d	urıng	the tax	year.)					Part		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or fo country	reign		(d) controlling entity	Type (e) of entity o, S corp, crust)	(f) Share of total income	Share	(g) of end- year assets	of-Percent owners	tage		(i) Section 5 (b)(13) controlle entity?	3) ed
(1) AMERICAN FARM	BUSINESS MANAGEMENT			AMERI	CAN FARM	С	+	1,482,020		2,675,8	64 100 00	0 %	T		No
BUREAU INC (AFBI) 600 MARYLAND AVE SW SUITE 1000W WASHINGTON, DC 20024 36-3250406		DC		BUREA FEDER	U			, ,		. ,					
						_									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations l	ısted ın Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b Gift, grant, or capital contribution to related organization(s)				1b	Yes				
c Gift, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				1p		No			
q Reimbursement paid by related organization(s) for expenses				1q	Yes				
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple		T							
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount II	nvolved	l			
1) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	Q	231,249	MAINTAINED RECORDS AT FMV						
2) AMERICAN FARM BUREAU INC	107,498	MAINTAINED RECORDS AT FMV							
3) AMERICAN FARM BUREAU FOUNDATION FOR AGRICULTURE	В	160,500	MAINTAINED RECORDS AT FMV						
	i	1							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 36-0725160

Name: AMERICAN FARM BUREAU FEDERATION

Schedule R (Form 990) 2012

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
Identifier	Return Reference	Explanation					